

## NURSING FACILITY LEVEL OF CARE ASSESSMENTS PROGRAM BULLETIN

**Bulletin Ref:** LOC-2020-PB02 **To:** Skilled Nursing Facilities

From: Samantha Mills, Benefits and Eligibility Unit Manager, HCBS Services Section

Date: December 1, 2020

Subject: LT-101 Ten Day Eligibility Task Changes

Purpose: To provide information and direction to skilled nursing facilities (including swing beds) on

changes to LT-101 eligibility tasks in the Electronic Medicaid Waiver System (EMWS).

**Background:** The Home and Community Based (HCBS) Services Section has recently added a "Pending Medicaid Application" task to the EMWS system. This process will take precedence over our previous interim procedures for nursing facility (NF) LT-101 assessment requests that are submitted when a participant is applying for Medicaid. This change will allow NF LT-101 assessment requests to be held for a maximum of ten (10) calendar days in order for applications to be verified in the Long-term Care, Wyoming Eligibility System (WES) database.

**Procedure or Information:** If the person submitting NF LT-101 Assessment information selects 'Yes' when asked if the client is applying for Medicaid, and selects "eligibility" as the reason for the request, then the status for that assessment will change to "Pending Medicaid." The Division will allow up to 10 calendar days for the Medicaid verification to occur before taking action.

If the WES system does not show an active Medicaid application for the client after 10 calendar days, the Division will change the status of that request to "no referral." The individual requesting the LT-101 assessment will be required to verify that the application has been received by the Long-term Care Unit before another request may be submitted.

Nursing facilities are encouraged to work with the LTC Eligibility caseworker if they need to confirm receipt of a Medicaid Eligibility (ME) application. The nursing facility is responsible for ensuring the ME application has been received prior to submitting an LT-101 request.

The HCBS Services Section does not manage the nursing facility benefit or Medicaid eligibility, and does not have the authority to make retroactive eligibility or nursing facility benefit coverage decisions.

Please contact the Medicaid Facilities Manager of the Provider Services Unit for any questions related to nursing facility reimbursement and/or the LTC Medicaid Eligibility caseworker for assistance with any questions related to Medicaid eligibility.